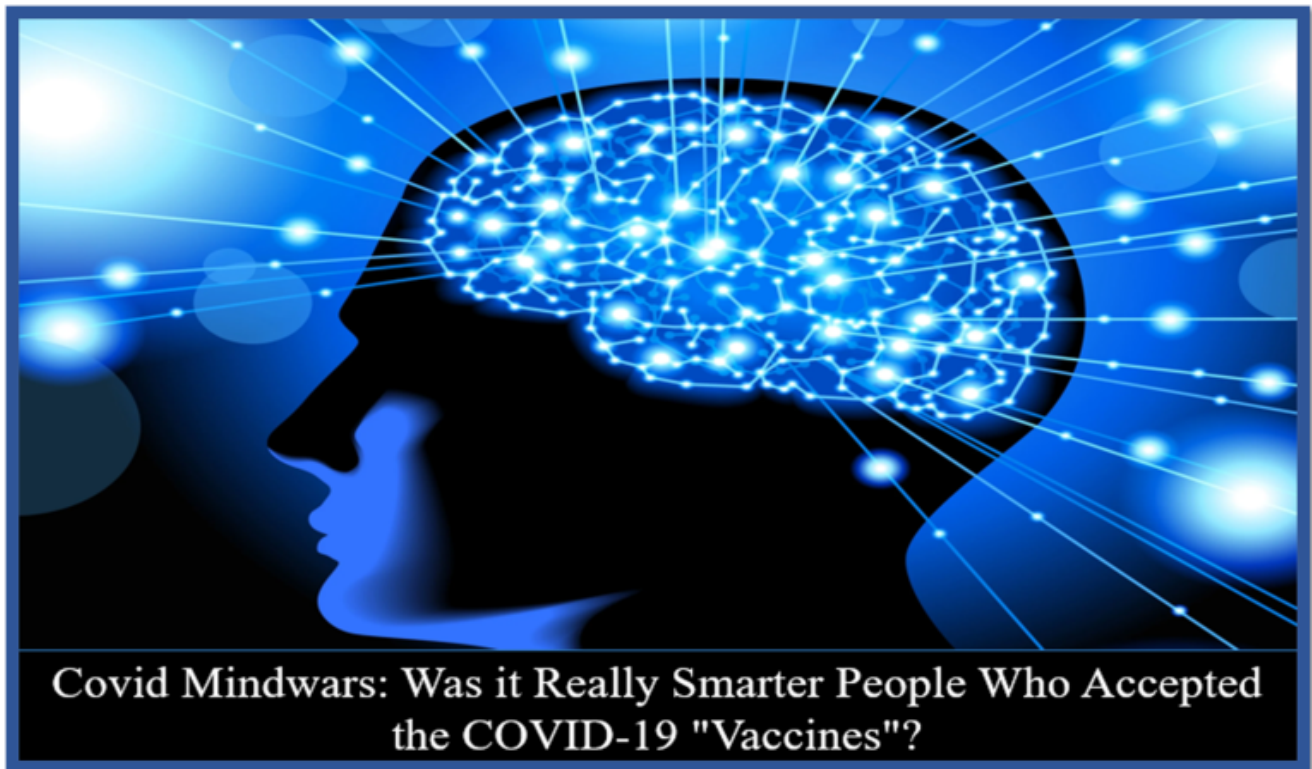


Covid Mindwars: Was it Really Smarter People Who Accepted the COVID-19 “Vaccines”?

By Patricia Harrity | Nov. 28th, 2023

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By Simon Lee, Science Officer, Anew UK

“Mindwar is about gaming and sculpting perception of reality. Another way of saying it is that Mindwar is about building the Matrix, or perhaps directing people to build each other’s and their own Matrix. The proper notion of Mindwar...involves an overwhelming flood of cognitive attacks too dense...to resist.” [Mathew Crawford](#)

A [Swedish study](#) has correlated uptake of COVID-19 vaccines with performance on an intelligence test taken 20 to 40 years earlier.

The study included 750,000 Swedish men aged 42 to 59 who had served in the military in their youth and nearly 3,000 women who had enlisted. The researchers examined the veterans' scores on intelligence tests taken at about 18 years of age.

Those scoring highest in the past had a COVID-19 “vaccination” rate of 80% at an average of 50 days after COVID-19 “vaccine” availability, whereas those in the lowest scoring group arrived at the 80% rate at 180 days.

These findings are surprising (to say the least) as there were numerous reasons for the well-informed to completely reject the “vaccines” long before a single needle was stuck into a single arm.

For example, the well-informed should have known about: the experimental nature of mRNA and DNA vectors in human therapeutics, the already known toxicity of the cationic lipids in the COVID “vaccines”, the previous failure of all prior coronavirus vaccines (they all caused disease rather than prevented disease), and the well documented criminal history and untrustworthiness of the pharmaceutical industry (especially Pfizer).

“Pfizer’s portfolio of corporate crimes rivals that of the most corrupt companies in history. But that did not stop Pfizer from becoming a corporate celebrity with its COVID-19 vaccine. Indeed, the company has benefited handsomely from that product, whose \$36.8 billion in 2021 sales made it the highest-selling pharmaceutical product in history.” [HFDF Team](#)

As the public later learned of the problems with these lethal “vaccines” from real world experiences and data, demand for the COVID-19 “vaccines” did drop dramatically in Sweden and other countries.

The Moderna “vaccine” was suspended in Sweden by October 2021, and the Swedish government “generously” donated 722,000 doses of unwanted injections to other countries.

According to journalist [Alex Berenson](#), moderately smart people took the COVID-19 “vaccines”, but the extremely smart (with IQs higher than 130) did not.

Essentially, the highly intelligent people knew better than to take the COVID-19 “vaccines”, but this group tend not to have as much public influence as the next tier down of test takers. It has been argued that “midwits” establish policy due to their greater numbers, persuasive abilities, and influence.

The very small numbers of the highly intelligent, and the unpersuasive nature of their esoteric ideas and language means that they get drowned out in public forums ([source](#)).

The successful test-taker can be someone who understands, from test-taking experience or social intelligence, what it is that the test setter is looking for, what they want to hear, the type of conformity that they are seeking, and what they will reward.

This could help explain the surprising findings of the Swedish study, which could be measuring social conformity rather than intelligence. Those with the most rigid expectations from their culture who may be expected to go on to greater, and more visible achievements, throughout the rest of their lives, might be motivated to answer according to the expectations of others.

Some people may also feel pressured to practice taking tests, in order to learn what answers are required from the test setters, resulting in even greater conformity and less honesty. Some might want to fall in line with social norms, rather than become a dreaded social outcast.

The Swedish researchers considered some confounding factors, but not the conformity or social acceptability drive among those considered to be “intelligent”. This is difficult to quantify. The confounding factors that were examined were: marital status, parenthood, education, income, and locale, as well as a comparison of twin pairs.

The Swedish study results only really make sense when the drive for conformity to rules and social expectations are considered. Conformity to rules and conformity to social expectations are both correlated with higher academic grades. The doctor rather than the plumber is under greater pressure to conform.



“If you can disarm the illusionist of his wand, the war machinery grinds to a halt. Doing that means fully describing their game. And it is a game.” Mathew Crawford

The companies that manufacture and profit from the “vaccines” were given legal immunity by governments. Why would a government do that if it really believed that the “vaccine” was safe and wanted to instill confidence in it? Why would an intelligent person take something that the government has decided can cause harm without having any legal redress if/when it does cause harm?

If the “vaccine” sceptics were wrong then their arguments and data could easily be shown to be fallacious. The fact that discussion was suppressed should have aroused suspicion in an intelligent persons mind. Suppressing information a priori suggests that the information being suppressed has persuasive force.

It should have been obvious that those engaged in censorship were hypocritically acting against their declared beliefs in informed consent and bodily autonomy.

People were not trusted to determine for themselves which information and arguments were valid and which were not.

In the right context, absence of evidence is evidence of absence. Those conditions definitely applied during the “pandemic” when there was a huge incentive for the “vaccine” pushers to provide evidence to support their unequivocal positive claims for the “vaccine”, lockdowns, and masking etc. They did not provide that evidence. Given that they would have provided it if it had existed, the lack of evidence presented was evidence of its absence.

The (mostly terrified) public were infantilised and were not trusted to make up our own minds on crucial matters concerning their own health and the health of their loved ones. Anyone who disagreed with the official narrative was denigrated and/or cancelled.

“If people are going to have any chance at fighting back against the Molochian foe that strikes terror in their hearts, degrades their willpower, and sets them against one another, they need to understand first and foremost Mindwar, meaning that this war is an alternate reality mass media game.” Mathew Crawford

Much of the COVID panic was instigated using computer modelling. Modelling generates numbers which generates the illusion of precision and accuracy in the public mind. The numbers become “the science” which should be “followed” and never questioned.

However, when input variables of very wide and uncertain ranges are used, and multiple low confidence assumptions are built into the model, then the models output is obviously not going to be accurate. Garbage in = Garbage out.

When the reality does not match the outputs of the models, it should be obvious that the assumptions on which the models are based are false.

These models are repeatedly used to predict apocalyptic disaster due to “pandemics” and also “climate change”. These (deliberately) inaccurate models

should never be confused with real science. Real science is based on real world observations, and can, and should, always be questioned.

Lockdown flouting Neil Ferguson of Imperial College London (ICL) has a long history of producing doom mongering wildly inaccurate speculative nonsense with his computer modelling.

In 2001, his ICL team did the modelling on foot and mouth disease which led to a cull of six million sheep, pigs and cattle costing the UK approximately £10 billion. The ICL work on this has been described as ‘severely flawed’ by real experts.

In 2002, Ferguson predicted that up to 50,000 people would die from mad cow disease which he claimed could rise to 150,000 if sheep were involved. In the UK, the total number of deaths was 177.

In 2005, Ferguson claimed that up to 200 million people could be killed by bird flu. The total number of deaths was 282 worldwide.

In 2009, Ferguson and the ICL team claimed that swine flu would kill 65,000 people in the UK. In reality, 457 people died.

Ferguson was the lead author of an ICL Report, published without peer review on 16 March 2021, predicting that 550,000 people in the UK and 2.2 million people in the US would die from COVID-19 within approximately three months.

When the Ferguson reports programming was eventually released for public scrutiny it was ridiculed by academic experts. It relied on 13 year old computer coding intended to model flu which was a “buggy mess that looks more like a bowl of angel hair pasta than a finely tuned piece of programming” according to one expert. Scientists at the University of Edinburgh reported that it failed “the basic scientific test of producing the same results given the same initial set of parameters”.

Inaccurate computer models based on false case numbers resulted in fear and confusion, leading to heated debates about why the “virus” behaves so differently

in different places, whether or not there is excess mortality, and whether or not the “vaccines” are effective.

The ICL was rewarded for its fear porn pseudoscience with Gates Foundation grants for 2020 totalling US\$91,494,791. Since 2002 the Bill and Melinda Gates Foundation have provided ICL with grants totalling US\$302,164,640, which is US\$16,000,000 per year for the last 19 years.

“Midwits” continually cite ICL computer generated statistics but never question the voracity or means of generation of the numbers that they cite.

“If there is a silver lining, it’s that at least some of the technologies that we’re told are real may simply be part of the illusion, used to instill fear.” Mathew Crawford

It was falsely claimed that the PCR test is the “gold standard” diagnostic test for COVID-19, but just a little reading about how the PCR test works would reveal that it is no such thing.

In reality, at best the PCR is merely a surrogate test for a whole “virus” and at worse it is a generator of false positive artifact results.

When PCR is performed badly and/or at high cycle numbers (as has been common) the target sequence may not even be present in the sample and a “positive” result is simply an artefact of the PCR process.

The PCR cannot diagnose the infectious status of a person in any proven way and no consistent link has ever been found between a disease state and the PCR results.

The misapplication of a completely inaccurate PCR means that COVID-19 is a scientifically meaningless construct that is nothing more than a self referential illusion ([source](#))



Christian Drosten et al published non-peer reviewed PCR assay sequences designed to detect the alleged virus “without having virus material available” in January 2020.

The Drosten paper was published in Eurosurveillance on 23 January which was only two days after submitting the manuscript. Drosten who is facing charges for holding a fraudulent doctoral title did not declare that he was a member of the Eurosurveillance editorial board.

Chantal Reusken a co-author, also failed to declare that she was on the Eurosurveillance editorial board. Olfert Landt another of Drosten’s co-authors who is CEO of TIB the maker of a profitable PCR kit based on the published assay sequences didn’t declare his conflict of interest until 29 July 2020.

On November 27 2020 a group of international virologists, microbiologists, and other scientists published an appeal for Eurosurveillance to retract the Drosten paper. This appeal is a damning external peer review, from 23 leading scientists, including scientists who have patents related to PCR, DNA isolation, sequencing,

and a former Pfizer chief scientist. To date Eurosurveillance have refused to retract this paper and have issued an unsatisfactory non-explanation for not doing so.

The PCR test and the manuscript fail to meet the standards for an acceptable scientific publication. The scientific inadequacies, errors, flaws, major scientific and methodological problems invalidate both the paper and the test responsible for locking down the world.

An appeals court in Lisbon, Portugal ruled on 11 November 2020 that the Drosten PCR test endorsed by the WHO is not valid to detect coronavirus infection and that it is no basis to order nationwide or partial lockdowns. This ruling should obviously have been applied to all nations.

The PCR test is scientifically worthless and all “positive” results obtained are invalid. Widespread use of this completely inaccurate test resulted in global lockdowns as well as economic and social catastrophe.

As a result of PCR testing, medical tyranny was imposed on most of the world, based on pseudoscience disconnected from the real world, and so absurd that detecting a few genetic fragments of something in one person can be used as the excuse to lock up an entire country.

The completely useless PCR test generated astronomical case numbers which then formed the basis of “COVID-19” outbreak computer models. Outbreak modelling is notorious for its inaccurate predictions and produced “COVID-19” numbers that were preposterous and all based on worthless numbers.

Mass PCR testing using the Drosten protocol quickly resulted not in a viral pandemic but a PCR pandemic. The university

hospital of Charité Berlin where many of the Drosten PCR authors were based subsequently received a 2020 covid grant totalling US\$249,550.70.

The PCR has been designed to detect genetic sequences

of a “virus” that has not been proven to exist in nature but instead is detecting sequences of unknown origin and generates high numbers of false positive results.

Intelligent people would have looked into the details of PCR testing rather than just simply trusting the frightening numbers declared by the “experts” ([source](#)).

The general public do not have a monopoly on ignorance and stupidity. Many scientists and doctors merely work with the data they are given (or generate themselves) and do not question its accuracy or the means of its generation. The “pandemic” response was often based on data generated by processes that were not understood or questioned by the “experts” who worked with the data.

Almost all the people who believed the “vaccine” was safe and effective had no evidence for the claims of safety and efficacy beyond the supposed authority of other people who made these claims. This includes many medical professionals.

Political officials pushing the “vaccine” showed a complete lack of integrity, morality, and no apparent concern with accuracy. As new data emerged throughout the “pandemic” which discounted their previous claims, there were no acknowledgements or apologies. This severely damaged their trustworthiness, and contradicts the notion that they are acting in good faith.

The dishonesty was revealed by the repeated changes of official definitions of medical terms like “vaccine” and “pandemic”. These definitions had been fixed and well understood for many decades. Changing the meaning of crucial words is completely disingenuous, anti-science and textbook Orwellian Newspeak ([source](#)).

“Mindwar is a complete escape from morality, and thus destruction of all local communities and culture, for the sake of eliminating legitimate conflicts of interest between the nation’s citizens and whoever takes control of the new means of warfare.” Mathew Crawford

A two tiered divided society was created in which many of the “vaccinated” were happy to see the unvaccinated have basic freedoms removed, like the freedom to speak freely, work, travel, be with loved ones at important moments such as births, deaths, funerals etc.

Many of the “vaccinated” were glad that their status allowed them to accept back as privileges the rights that had been taken from everyone else. In fact, many people admitted that they got “vaccinated” to keep their job, go out with their friends, or travel.

In true Orwellian style many of the “vaccinated” displayed open hatred for the unvaccinated who were smeared as reckless, irresponsible “granny killers”. Some believed that the unvaccinated should be denied all healthcare, and some “vaccinated” people wished a slow and painful death on the unvaccinated and the critical thinkers questioning the official narrative.

“For those who have avoided the jabs which are neither safe nor effective, you deserve a medal for your ability to see through the fog of information warfare. For the millions of battlefield dead, the excess mortality documented by Ed Dowd and so many others, a moment of silent mourning is in order.” Mathew Crawford

Real world data now proves that COVID-19 “vaccines” haven’t saved lives, but instead, have resulted in 17 million deaths and increased all-cause mortality.

Researchers have found unprecedented high peaks in all-cause mortality in each country coinciding with the rollout of third and fourth booster doses, especially among the elderly population.

The overall risk of death caused by COVID-19 “vaccines” is 1,000 times greater than previously reported in data from clinical trials, adverse event monitoring, and cause-of-death statistics obtained from death certificates.

All-cause mortality increased when COVID-19 “vaccines” were introduced in every country studied.

These findings are conclusive, and the associations observed are numerous and systematic. Researchers have not found a single counter-example showing COVID-19 “vaccines” have improved all-cause mortality.

Countless others have suffered serious adverse events:

“Adverse event data from official pharmacovigilance databases, an FDA-Pfizer report obtained via FOI, show high rates and multiple organ systems affected: primarily neurological, cardiovascular, and reproductive. Dr. Peter A. McCullough and John Leake.

Over half of COVID-19 “vaccine” recipients in a recent study were found to be suffering from some form of health complications one year after taking the shots and the prevalence “was similar to long-term COVID”.

The “group of people whose illnesses became worse” had higher antibody titres, which is interesting because high antibody titres are offered as evidence of “vaccine” efficacy by the “vaccine” pushers.

Very soon after the introduction of the COVID-19 “vaccines” they were dubbed by many of the awake population as “clot shots” and for good reason.

As early as 2021, studies and case reports were being published on blood clotting disorders following COVID-19 “vaccination”.

When corrupt and captured health authorities acknowledge a link between COVID-19 “vaccines” and “very rare” blood clots what do they actually mean? Do they mean that developing a blood clot post vaccination is a rare event or do they mean that it is common but the blood clots are of a very rare type?

In June 2021, scientists from Norway, Germany, and the UK published papers in the New England Journal of Medicine that described a new syndrome that they called Vaccine Induced Immune Thrombotic Thrombocytopenia (VITT).

This is a new type of blood clot, not seen prior to the introduction of the COVID-19 “vaccines”, so perhaps the health authorities are engaging in more doublespeak when they say the blood clots are “very rare”?

VITT is officially only associated with AstraZeneca’s COVID-19 “vaccine” and the J&J shot, both of which are DNA based. However, thousands of blood clotting disorders have been reported to the CDC’s Vaccine Adverse Event Reporting System (VAERS) following vaccination with the mRNA vaccines made by Pfizer and Moderna.

Researchers believe that among the various side effects of the “vaccines”, neurological complications may be one of the most severe, and therefore of the greatest concern.

Nearly a third of people who received a COVID-19 “vaccine” suffered from neurological complications including tremors, insomnia, and muscle spasms, according to a recent study published in the journal Vaccines which involved 19,096 people.

Dr. Peter McCullough was alarmed by the findings of this study:

“A shocking 31.2 percent of respondents to this large dataset sustained neurologic injury after two injections with verified data in health registries. Most of the risk estimates indicate the safety profile is unacceptable. It is alarming that all neurological societies to date still recommend COVID-19 vaccines and none have issued safety warnings on the products.”

Many other studies have found evidence of COVID-19 “vaccines” being linked to neurological complications.

In October 2021, a study published in the Neurological Sciences journal stated that the “most devastating neurological post-vaccination complication is cerebral venous sinus thrombosis (CVST).”

CVST occurs when a blood clot develops in the venous sinuses of the brain. This blocks the blood from draining out of the brain, eventually resulting in the blood leaking into brain tissues and causing a hemorrhage.

The study found that CVST was “frequently reported in females of childbearing age,” generally among those who took an adenovector vaccine. People who received mRNA shots were reported to have Bell’s palsy, in which facial muscles weaken or become paralysed.

A November 2022 study in Current Neurology and Neuroscience Reports made similar findings, stating that there is “a greater than expected occurrence of severe neurological adverse events.”

“Because the vaccines contain lipid nanoparticles loaded with genetic material that code for the damaging Spike protein, each patient faces a Russian Roulette of whether or not the nervous system will be hemodynamically showered with the damaging vaccine particles.”[Dr. Peter McCullough](#)

None of this shocking evidence makes any difference to the official “vaccine” pushers of course. According to a position statement from the American Academy of Neurology (AAN) issued in 2021, the organisation recommended COVID-19 vaccine mandates for health care employees and supported vaccinations for children under the age of 12.

Depending on the sensitivity and accuracy of the testing that is performed, heart damage can be detected in “almost everybody who took the shot, at least for six months or longer, where the heart’s metabolism changes. This is a bit disturbing. We don’t know what the implications of it are.”

A December 2022 report published at the National Library of Medicine, brought attention to the issue of rising cardiac arrests among athletes.

During a two-year period “from January 2021 to the time of writing, 1,598 athletes suffered cardiac arrest, 1,101 of which with deadly outcome,”.

This is a higher rate of death compared to a 38 year timespan between 1966 and 2004 when “1,101 athletes under the age of 35 died (~29/years) due to various heart related conditions.”

Another study on 301 teenagers between the ages of 13 and 18 who received two doses of the Pfizer shot, found that “29.24 percent of participants experienced cardiovascular complications such [as] tachycardia, palpitations, and 2.33 percent suffered myopericarditis.”

No statistically significant increase in the incidence of myocarditis or pericarditis was seen in unvaccinated participants in a large population study.

A sore arm can be a “harbinger of future cardiovascular serious adverse events.” Researchers have discovered simultaneous inflammation in the heart muscles and deltoid muscles crowning the shoulder following a COVID-19 shot.

A study of “competitive and recreational athletes” from Italy with myocarditis found that 65.4%, reported pain in the arm after COVID-19 “vaccination”.

Another study found that 81.3% reported arm pain at the injection site after receiving the first dose of a COVID-19 shot.

“So we have a lot of information suggesting these are no good for the heart. They [COVID shots] should be off the market completely.” Dr. Peter McCullough (cardiologist)

People continue to die suddenly, both on and off the sporting fields, but the “midwits” cannot explain why, or perhaps would just prefer to ignore what is happening.

Due to the presence of DNA sequences in the mRNA shots, some experts say, the FDA should declare them adulterated, which is defined under federal law as having a “strength, quality, or purity differing from the official compendium.”

The shots contain a partial DNA sequence from SV40 but this information was not disclosed to the regulators. This is a proven genotoxicity risk that could

explain the unusual “turbo cancers” observed since the “vaccine” rollout.

These DNA fragments could also contribute to genetic anomalies in foetuses, which is one of the most prominent causes of premature abortion.

“The general policy is that if there’s adulteration and reasonable risk of toxicity, there must be immediate action. This is a core mandate to the FDA from Congress to prevent adulteration of drugs, medical devices, and food. And then the next question is, is that adulteration? Is it associated with a reasonable risk of toxicity in humans? And my opinion is, absolutely.” Dr Robert Malone

“Congratulations. As we approach 2024, you are now completing and have survived the third year of the largest, most globally coordinated psychological warfare operation in the history of mankind.” Mathew Crawford

The health authorities continue to lie and say that “the vaccine’s benefits still outweigh the risks.” They will not take decisive action to put a stop to all the excess deaths and untold suffering but instead pathetically recommend “additional surveillance”.

There is no virus. There is no new and novel disease. There has been no pandemic. The shots are not vaccines, and they are not safe and effective. If you believe otherwise then you are a casualty of the covid mindwars.

They revealed their methods. They hid the truth in plain sight. They counted on the “midwits” being dominant.

Those of us that understood the truth from the beginning are bemused as well as horrified. What happened to our fellow human beings, our friends and families? Why did they fall for the obvious scam? Were they dumbed down and distracted? Was it the pressure to conform? Was it mass formation psychosis?

The truth was hidden in plain sight for all to see. Why could they not see it? Why did they not listen to us? Why did they dismiss us as “conspiracy theorists”?

World War 3 is not like the previous wars. It is not a war between nations but it is a war between classes. The enemy like to think of themselves as “the elite”. They have learned the lessons from their wars against other nations and have now deployed these tactics against the citizens they are supposed to represent.

One of their main weapons comes in the form of a syringe full of known toxins.

The enemy controls the media and has unleashed the greatest psychological attack operation in history. Knowledge is our best defence. Your ignorance is their power. Don't die of ignorance.

“In the era of Mindwar, democracy does not mean that the elected government answers to the will of the people, but that the people are led to support the policies of those powerful enough to control the Mindwar. And that is the precise meaning of totalitarian governance.” Mathew Crawford

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